

BEST AVAILABLE COPY

*Pat Book 200*

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-878)**

**107509423** FILING DATE

APPLICANT(S)

**CLAIMS**

|              | AS FILED |      | AFTER 1st AMENDMENT |      | AFTER 2nd AMENDMENT |      |
|--------------|----------|------|---------------------|------|---------------------|------|
|              | IND.     | DEP. | IND.                | DEP. | IND.                | DEP. |
| 1            |          |      |                     |      |                     |      |
| 2            |          |      |                     |      |                     |      |
| 3            |          |      |                     |      |                     |      |
| 4            |          |      |                     |      |                     |      |
| 5            |          |      |                     |      |                     |      |
| 6            |          |      |                     |      |                     |      |
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| 49           |          |      |                     |      |                     |      |
| 50           |          |      |                     |      |                     |      |
| TOTAL IND.   |          |      |                     |      |                     |      |
| TOTAL DEP.   |          |      |                     |      |                     |      |
| TOTAL CLAIMS |          |      |                     |      |                     |      |

*2*  
*18*  
*20*

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| 99           |  |  |  |  |  |  |
| 100          |  |  |  |  |  |  |
| TOTAL IND.   |  |  |  |  |  |  |
| TOTAL DEP.   |  |  |  |  |  |  |
| TOTAL CLAIMS |  |  |  |  |  |  |

PTO-1360 (3-78)

\*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

U.S. DEPARTMENT of COMMERCE  
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